

**MUSKEGON POLICE DEPARTMENT**  
**CITIZEN'S POLICE ACADEMY APPLICATION**  
**FALL 2021**

**August 25 – October 27, 2021 (Wednesdays) 6:00-9:00pm**



**PRINT FULL NAME** \_\_\_\_\_

**ADDRESS and ZIP CODE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_ **RACE** \_\_\_\_\_

**DRIVERS LICENSE/STATE I.D. NUMBER** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

Share why you want to attend the Citizen's Police Academy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Class size is limited and preference will be given to those who reside or work in the City of Muskegon.*

**Your signature on this form constitutes authorization for the Muskegon Police Department to conduct a full background check based upon this application. The Muskegon Police Department reserves the right to deny entry to the Academy based on the finding of said background check.**

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This application must be returned no later than August 9, 2021, please email, mail in or drop off at:**

Attn: Ryan Cummins, Police-Community Coordinator  
Muskegon Police Department  
980 Jefferson Street  
Muskegon, MI 49440

Please call 231-724-6764 or email [ryan.cummins@shorelinecity.com](mailto:ryan.cummins@shorelinecity.com) with any questions.

***The Liability Waiver on the reverse side of this form must be signed and returned with the application.***

**MUSKEGON POLICE DEPARTMENT  
CITIZEN'S POLICE ACADEMY**

**RELEASE OF LIABILITY**

In consideration of the benefits that I will receive from my participation in the Muskegon Police Department Citizen Police Academy sponsored by the Muskegon Police Department, I do hereby release the City of Muskegon, its police personnel, agents, public officials, servants and employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries and damage to me or my property, arising out of or related to any happening or occurrence while I am participating in the Citizen Police Academy. For the same consideration, I agree to forever hold the City of Muskegon and said persons aforementioned harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be in full force and effect during the period of my participation in the Muskegon Police Department Citizen Police Academy.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Participant Name \_\_\_\_\_

Please list any physical or medical condition(s) which may have an affect on your ability to participate in class sessions and demonstrations so the instructors can be aware of them and make appropriate arrangements.

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**This form must be signed and returned along with the completed application to be considered as an applicant for the Citizen's Police Academy.**